TheHeartGroup
Cardiovascular Associates Inc.
A MEMBER OF COMMUNITY FOUNDATION MEDICAL GROUP & PART OF SANTÉ HEALTH FOUNDATION

1313 E. Herndon
Fresno, CA 93720

726 N Medical Center Dr. East, Suite 125
Clovis, CA 93611

jmevi@theheartgroupfresno.com

Dalpinder S. Sandhu, M.D., F.A.C.C.
Jagroop S. Basraon, D.O.
Jaswant S. Basraon D.O., M.P.H., F.A.C.C.
Shaukat Ali M.D., F.A.C.C.
Shradha Rathi M.D., F.A.C.C.
Usman Javed, M.D, F.A.C.C., R.P.V.I.
Vamshi Gade, M.D., F.A.C.C., F.S.C.A.I, R.P.V.I.
M. Umair Bakhsh, M.D., F.A.C.C.
Raj S. Marok, M.D., F.A.C.C, F.S.C.A.I.
Brandon Woodbury, M.D.
Kumar Sanam, M.D., F.A.C.C, F.S.C.A.I.

REFERRAL REQUEST FORM

Phone: (559) 492-5749 Fax: (559) 492-5830

SERVICE(S) REQUESTED

Type of Procedure Requested: **Date:**_____

- ☐ Consultation
- ☐ Standard Treadmill
- ☐ Stress Echo
- ☐ Cardiolite with Treadmill Stress
- ☐ Cardiolite with Persantine Stress
- ☐ Echocardiogram
- ☐ Vascular Imaging (Carotid/Venous/Arterial/Aorta/Renal/ABI)
- ☐ Holter Monitoring
  - ☐ 24 Hour
  - ☐ 48 Hour
- ☐ Cardiac Clearance Pre-Op
  - Procedure _____
  - Diagnosis _____

Priority

☐ ASAP ☐ 24 Hours ☐ 1Wk. ☐ 2Wks. ☐ Next Available ☐ Other_____

Requested Physician:

☐ **Any Provider** ☐ **Dalpinder Sandhu** ☐ **Jagroop Basraon** ☐ **Jaswant Basraon** ☐ **Shaukat Ali** ☐ **Shradha Rathi**
☐ **Usman Javed** ☐ **Vamshi Gade** ☐ **M. Umair Bakhsh** ☐ **Raj Marok** ☐ **Brandon Woodbury** ☐ **Kumar Sanam**

PATIENT INFORMATION

Patient First Name:	**Patient Last Name:**	**D.O.B:**
Home Address:	**City/Town:**	**State:**	**Zip/Postal Code:**
Gender: ☐ M ☐ F	**Patient Home Phone:**	**Patient Work Phone:**	**Patient Cell Phone:**
Patient SSN:	**Patients Employer:**	

PRIMARY INSURANCE

Insurance Company:	
Subscriber Name:	
Insurance ID #:	**Group #:**
Sub ID # or SS#:	

SECONDARY INSURANCE

Insurance Company:	
Subscriber Name:	
Insurance ID #:	**Group #:**
Sub ID # or SS#:	

Referring Doctor:	**Phone:**	**Fax:**
Diagnosis:	**Records to be Sent?**	**Contact Person:**